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Substitute for form 1449/PTO				<i>Complete if Known</i> Application Number 10/568,800-Conf. #6368 Filing Date December 21, 2006 First Named Inventor Heiko Harnischfeger Art Unit N/A Examiner Name Not Yet Assigned	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(Use as many sheets as necessary)</i>					
Sheet	2	of	2	Attorney Docket Number	66967-0008

[illegible]

Examiner Signature	Date Considered
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\*EXAMINER: initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.